Medical Plans

Plan Benefits

Each of the medical plan options provides comprehensive medical coverage for enrolled members. On the next pages you will find a general description of each of the plans, followed by a Benefits-At-A-Glance chart comparing key benefits of both plans. Finally, you will see a list of exclusions for items that neither of the plans cover.

In order to choose the plan that is right for you and your family, review the benefit levels for each plan, as well as the medical providers available to you.

Keep in mind this information is a summary only, and you should refer to each plan's official Summary Plan Description for full details, including all limitations and exclusions.

Your Choices

You have the option to choose between two medical plans:

- Presbyterian Health Plan My Care Plan
- · Blue Cross and Blue Shield of New Mexico

Cost of Coverage

No matter which plan you choose, your employer will pay a portion of the premium. Your portion of the cost is taken on a per pay period basis. Your cost depends on the plan you choose as well as what family members you enroll.

Learn More

You can find more information at http://eweb.cabq.gov/





Offering an EPO health care plan to the employees of the City of Albuquerque and Participating Entities – a plan that includes the most comprehensive provider network in New Mexico; the unique BlueCard® program that gives you access to doctors nationwide; a comprehensive wellness program with tools available to you and your family; and customer service based in Albuquerque. We strive to meet our customers' needs with every interaction – more than nine times out of ten, inquiries are resolved during the first phone call.

Benefits include preferred primary provider visits for a \$25 copay and preferred specialist visits for a \$40 copay – with no deductible. You receive comprehensive prescription drug benefits, including mail-order and specialty medicine programs. Please see the summary of benefits included in this booklet.

Provider Choice and Access

- The most comprehensive provider network of any health plan doing business in New Mexico, with over 12,000 PPO providers statewide, including 12 hospitals in the greater Albuquerque area and all the regional hospitals outside the Albuquerque area. Our network includes the only women's hospital in the state and the Heart Hospital.
- National and worldwide network through the BlueCard Program. BCBSNM members are covered at in-network benefit levels throughout the United States and in over 200 countries. Approximately 80 percent of physicians and 90 percent of hospitals nationwide participate with a Blue Cross and Blue Shield Plan.

Concierge Customer Service

Our Albuquerque-based Customer Advocates are trained to anticipate your health and customer service needs. Concierge service means we will provide you with the personalized and individualized service you deserve. Our Customer Advocates treat each member inquiry as an opportunity to interact with the "whole person" and not simply respond to the immediate question.

Experience. Wellness. Everywhere.®



Blue Access® for Members – Your Online Resource (bcbsnm.com)

- Claims status, explanations of benefits (EOBs)
- Provider Finder®
- Treatment Cost AdvisorTM
- Care Comparison® Tool
- BCBSNM Drug List
- Request an ID card or print a temporary ID card

Personal Health Manager (PHM)

- Manage your personal and family health with confidence at bcbsnm.com
- Complete a confidential general Health Risk Assessment (HRA) and choose among five additional optional HRAs: sleep, stress, nutrition, physical activity, and musculoskeletal health
- Prepare for a doctor's visit or medical procedure
- Ask health-related questions and get answers from registered nurses, dieticians, and licensed personal trainers through our online "Ask A" features
- Use the Interactive Symptom Checker
- Manage your weight or quit smoking using our weight management and smoking cessation programs
- Research health information with the Healthwise® Knowledgebase

Check out a demo of Blue Access for Members (BAM) and PHM:

- Go to bcbsnm.com.
- Enter the user ID: demo and the password: bam1demo1 in the BAM login box.
- On the Select Member Criteria screen, select a Product (e.g., PPO), and check Personal Health Manager listed under Other Products.

This brings you to our secure member portal. To access the Personal Health Manager demo, select the *Personal Health Manager* link.

BlueExtras[™] Discount Program

Receive discounts on health care products and services not usually covered by health care benefit plans, including:

- Jenny Craig[®] and Curves[®] memberships
- Digital hearing aids through TruHearing®
- Eyeglass frames and lenses, contact lenses, laser vision correction, exams, and accessories through Davis Vision[®]
- Complementary Alternative Medicine, including a variety of health-promoting therapies, vitamins, herbal supplements, and health and wellness magazines

Blues Healthline

Receive the award-winning quarterly member newsletter, *Blues Healthline*, with provider network and drug updates, the latest news in healthy lifestyle choices, and wellness and condition management tips.

Blue PointsSM

Track a fitness workout, report a healthy meal, take an online Health Risk Assessment, or use other For Your Health features on bcbsnm.com to earn Blue Points. These points are redeemable at the online Blue Points Redemption Center for health promotion products and gift cards to stores and restaurants.

And More . . .

Condition Management programs are available at no additional charge and address conditions such as:

- Asthma
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Diabetes

Blue Care Advisors (BCAs) are registered nurses who help members with chronic conditions develop a plan of care and prioritize goals and objectives. BCAs will provide member education and support, assess gaps in care and barriers to accessing care, act as a patient advocate, and assist the member to set and reach realistic health goals over a period of time.

24/7 Nurseline nurses offer triage services, discuss appropriate care, and provide information to help you with your health decision-making processes. You can also call the 24/7 Nurseline to access an audio library of more than 1,000 health care topics; 600 of these are also available in Spanish.

Special Beginnings® offers additional prenatal support that is supplemental to a doctor's care and includes educational materials that are customized to meet the specific needs of mom and baby.

For more information about this plan, call us at 1-877-232-5538.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

My Care

One plan, three benefit options



With Presbyterian Health Plan's My Care Plan, employees can choose among three different benefit options to find a plan that best fits their unique needs: the Active, Family, and Independent options.

Once you select an option, you and your qualifying dependents will remain in that option until the next open enrollment. Each option is priced the same, and your per pay period contribution is the same for all options. The benefit levels vary as outlined below.

The Active Option

The Active option is a good fit for individuals, couples, or some families who do not seek medical services often and are mainly concerned with preventive care. The Active option allows you to seek medical services from participating providers and offers a \$150 reimbursement per family per calendar year under the Unique Services Reimbursement Program for the following:

- Preventive care copays
- Gym memberships*
- Weight loss programs*
- Routine vision care
- Ambulance copays
- Copays for X-rays

- Sterilization services
- Smoking cessation
- Birth control pills
- LASIK surgery
- Vitamins*
- Dental treatment*

- Three coverage options designed to accommodate different lifestyles
- Two options offer special reimbursements
- You don't need to select a Primary Care Physician (PCP) under any option

Remember...

Preventive care copays are eligible for reimbursement under your Unique Services Reimbursement Program.
See your plan booklet for limitations and filing instructions.

The Family Option

The Family option is great for those employees with a family-oriented lifestyle. These individuals typically have young children or are expecting to start a family. Instead of offering a Unique Service Reimbursement Program, this option offers significantly lower copayments for the services that children use most. Well-child care and preventive physical exams are only \$5 for children enrolled on this plan and office visits are \$15 for children.

The Independent Option

The Independent option is designed for individuals, couples, or families who want to visit doctors outside the Presbyterian network and receive coverage for those costs. This plan offers enhanced out-of-network coverage, allowing you to visit providers outside of the Presbyterian Health Plan provider network. This option offers a \$250 reimbursement per family per calendar year under the Unique Services Reimbursement Program for the following:

- Preventive care copays
- Prescription drug costs with a physician's prescription
- Routine vision care
- Alternative therapies

- Disease management classes*
- Dental treatments*
- Diagnostic devices*
- Hearing aids

For more information about services and benefits, call Member Services at (505) 923-5678 or 1-800-356-2219 between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday.

^{*} If recommended by a physician to treat a specific medical condition. A note or prescription from the provider and the Unique Services Reimbursement Form must be submitted.

Feel better. Stay healthy. Live well.







Providing health care to New Mexico for nearly a century, Presbyterian is uniquely woven into the fabric of this state. Being community owned, we are dedicated to improving the health of individuals, families and communities and will be here when you need us. As an active partner with the City of Albuquerque, we provide employees with the tools they need to feel better, stay healthy and live well.

Feel better.

Presbyterian HealthPlex

Take advantage of full range of fitness and rehabilitation resources provided by Presbyterian at the Healthplex. We offer a full range of fitness and wellness programs for active adults. In addition, we offer state-of-the-art treatment with caring, understanding, and expertise for individuals with various medical conditions, like arthritis, diabetes, heart and pulmonary disease. Built in 1993, the wellness and rehab facility offers a full gymnasium, education suites, and personalized fitness programs. Call (505) 823-8399 for more information.

Nurse Advice Line 1-866-221-9679

Registered nurses are available 24 hours, 7 days a week to answer questions about specific health problems and to provide assistance with self-care of minor illnesses or injuries.

Stay healthy.

Through Presbyterian's partnership with WebMD, you can create your own health improvement plan. This online tool helps you meet your goals to get healthier, with up to date health information and resources at your fingertips. You may create a personalized health improvement plan that makes it easier to be on your way to better health. Also available through this site is the WebMD Health Record tool. This feature allows you to securely compile and store immunization records, medical history, allergies, and much more in one handy, private location. To get started and take your HRA, go to www.phs.org and sign in or create an account, click on submit and on WebMD Health Manager.

Healthy Advantage Wellness Program

Together, the City of Albuquerque and Presbyterian offer an interactive wellness program to help you improve and maintain your health and well-being. Through health risk assessments, onsite screenings, flu-shot clinics, health fairs, and more, members can follow the steps to healthier living.

Selecting a Physician

Another good way to stay healthy is to become established with a practitioner who can serve as a partner for good health and can help you make the best decisions about your overall medical care. You may locate a practitioner with our convenient, online directory at www.phs.org/directory or call Member Services at (505) 923-5678 or 1-800-356-2219 between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday.

Live well.

Value Added Discounts

Presbyterian members receive valuable discounts for acupuncture, chiropractic care, massage therapy, hearing hardware, vision services, and more through participating BenefitSource providers.

Smoking Cessation Program

If you'd like to quit smoking or using tobacco products, call the Tobacco Quit Line, 1-888-840-5445, for confidential support at no additional cost.



Medical Benefits At-A-Glance The following is only a summary, some benefits may have further limitations or exclusions.

	Blue Cross and Blue Shield of New Mexico EPO Plan	Presbyterian My Care
	Member's Share of Covered Charges	Active
	from a Preferred Provider	Aduvo
Annual deductible		None
	\$2,500 individual, \$7,500 family ¹	2x your annual premium
	Unlimited; certain services have calendar-year or benefit period limitations, as listed below	Unlimited
Physician services	Strimmod, Softain Softwood have salished your of bottom period inmediately, as noted bottom	- CHILLING
	\$25 copay per visit	\$25 copay per visit
	\$40 copay per visit	\$40 copay per visit
	\$40 copay per visit, \$25 copay if PPP*	You pay 20%
	Usual copays or coinsurance based on place of treatment and type of service	You pay 50%
	\$40 copay per visit, \$25 copay if PPP*	\$25 copay
	Office visit copay for initial visit; no charge for all other routine visits	\$25 copay per visit to max \$200 (PCP)
Diagnostic X-ray	ornor viole ocpay for militar viole, no ornargo for all other routine viole	φ20 σοράγ ροι visit to max φ200 (i oi)
PET/MRI	\$50 copay per test ²	\$125 copay per test
	\$50 copay per test ²	\$75 copay per test
	Usual copays or coinsurance based on place of treatment and type of service ²	\$200 copay per visit
Preventive Colonoscopy		No charge
X-Ray and Laboratory		No charge
Urgent care	PEE consu	\$35 copay for participating provider
Orgeni care	ipos copay	1 933 copay for participating provider
Emergency room	\$150 copay	\$75 copay, waived if admitted
	\$75 per trip/ground or \$150 per trip/air	\$50 copay (ground), \$100 copay (air)
Hospital	Pro por dip/ground of \$100 por dip/an	(ground), wroo copay (an)
	\$500 per admission ³	\$500 copay per admission
Outpatient	20% to \$400	20% to \$400 per visit
Speech, physical, occupational therapy - Outpatient	Office visit copay ²	\$40 copay per visit
	\$40 per visit (max. \$1,500 per year)	\$40 copay per visit (20 visits per calendar year, medical necessity)
Durable medical equipment	50%2,4	You pay 50% with prior authorization
	\$40 per visit (max. \$1,500 per year)	\$40 copay per visit (18 visits per
·		calendar year, medical necessity)
	No charge (max. 100 visits per year if not hospice)	No charge
Hospice	No charge ^{2,3} (lifetime max. \$10,000)	\$500 copay per admission
Skilled nursing care	\$750 per admission ³ ; office visit copay ² ; max. 60 days/visits per year	\$500 copay per admission
Dialysis	No charge ²	You pay 20%
Mental Health		
	\$500 copay per admission ³	\$500 copay per admission
	\$40 per visit	\$40 copay per visit
Substance Abuse		
Inpatient	\$500 copay per admission ³	\$500 copay per admission
Outpatient	\$40 per visit	\$40 copay per visit
Prescription drugs		
Prescription drugs Retail	Generic \$10, brand \$35, non-preferred or brand name with generic equivalent 50%	Generic \$10, brand \$35, non-preferred \$55 (30 days up to the maximum dosing recommended by the manufacturer) When generic available but chooses brand, \$20 plus difference in cost
Mail Order	Generic \$20, brand \$70, non-preferred or brand name with generic equivalent 50%	Generic \$20, brand \$87.50, non-preferred \$165 (90 days up to the maximum dosing recommended by the manufacturer) When generic available but chooses brand, \$20 plus difference in cost

^{*}A Primary Preferred Provider (PPP) is a preferred physician or other professional provider in one of the following categories of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Gynecology Only.

¹There is no deductible to meet. After a member (or family) reaches the out-of-pocket limit during a calendar year, BCBSNM pays 100 percent of that member's (or family's) covered charges for the remainder of the calendar year.

²Certain services are not covered if prior approval is not obtained from BCBSNM (or Mesa Mental Health). See a benefit booklet for details.

³Admission review is required for inpatient admissions. You pay a \$400 penalty for covered facility services if approval is not obtained. Some services, such as transplants, require additional approval. If you do not receive approval for these individually identified procedures and services, benefits for any related admissions will be denied.

⁴Rental benefits for medical equipment and other items will not exceed the purchase price of a new unit.

For a more complete description please refer to each plan's member certificate, schedule of benefits or group subscriber agreement.

Presbyterian My Care				
Family Independent				
	Network	Out-of-Network ²		
None	None	\$500 individual, \$1,500 family		
x your annual premium	2x your annual premium	\$6,000 individual, \$18,000 family ³		
Inlimited	Unlimited	\$2 million		
30 copay (adult), \$15 copay (child)	\$30 copay per visit	You pay 40%		
345 copay (adult), \$30 copay (child)	\$45 copay per visit	You pay 40%		
ou pay 20%	You pay 20%	You pay 40%		
∕ou pay 50%	You pay 50%	Not covered		
\$30 copay (adult), \$15 copay (child)	\$30 copay per visit	You pay 40%		
S30 copay per visit to max \$300 (PCP)	\$30 copay per visit to max \$300 (PCP)	You pay 40%		
\$200 copay per test (adult) \$100 copay per test (child)	\$125 copay per test	You pay 40% ^{1,4}		
3125 copay per test (adult) \$75 copay per test (child)	\$75 copay per test	You pay 40% ^{1,4}		
\$300 copay per test (adult) \$175 copay per test (child)	\$200 copay per test	You pay 40% ^{1,4}		
No charge	No charge	No charge		
No charge	No charge	No charge		
\$40 copay (adult), \$25 copay (child) if PPP*,	\$45 copay per visit	\$55 copay per visit		
Non-participating provider: \$50 (adult), \$30 copay (child)				
75 copay per visit, waived if admitted	\$75 copay, waived if admitted	\$75 copay, waived if admitted		
550 copay (ground), \$100 copay (air)	\$50 copay (ground), \$100 copay (air)	\$50 copay (ground), \$100 copay (air)		
500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1, 4}		
20% to \$400 per visit (adult) 20% to \$200 per visit (child)	20% to \$400 per visit	You pay 40% ^{1, 4}		
645 copay per visit (adult), \$30 copay per visit (child)	\$45 copay per visit	You pay 40% ^{1, 4} (2 months per condition)		
y to copa, por tion (addity, poor copa, por tion (orma)	the depay per view	(2 monato por contament)		
\$45 copay per visit (adult), \$30 copay per visit (child)	\$45 copay per visit	You pay 40% ^{1, 4}		
You pay 50% with prior authorization	You pay 50% with prior authorization	You pay 50% ^{1,4}		
\$45 copay per visit (adult), \$30 copay per visit (child)	\$45 copay per visit	You pay 40% ^{1, 4}		
No charge	No charge	You pay 40% ^{1,4}		
\$500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1,4}		
pood copay per aurinosion (addit) 4000 (crilla)	φοού copay per admission	lou pay 40 /6		
\$500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1,4}		
/ou pay 20%	You pay 20%	You pay 40% ^{1, 4}		
ou pay 20 //	100 pay 20 /0	lou puy 4070		
S500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1,4}		
soo copay per admission (addit) 4000 (crima)	por definition			
645 copay per visit (adult), \$30 (child)	\$45 copay per visit	You pay 40% ^{1,4}		
6500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1,4}		
\$45 copay per visit (adult), \$30 (child)	\$45 copay per visit	You pay 40% ^{1,4}		
770 copay per visit (addit), 400 (crilla)	φ+ο copay per visit	100 pay 40 /6 /		
Generic \$10, brand \$30, non-preferred \$50 (30 days up to the	Generic \$10, brand \$30, non-preferred	Not covered unless an emergency outside		
naximum dosing recommended by the manufacturer)	\$50 (30 days up to the maximum dosing	service area (deductible doesn't apply)		
When generic available but chooses brand \$20 plus difference in	recommended by the manufacturer)			
cost	When generic available but chooses brand \$20 plus difference in cost			
Generic \$20, brand \$75, non-preferred \$150 (90 days up to the	Generic \$20, brand \$75, non-preferred	Not covered		
naximum dosing recommended by the manufacturer)	\$150 (90 days up to the maximum dosing	THO COVOIDA		
When generic available but chooses brand \$20 plus difference in	recommended by the manufacturer)			
cost	When generic available but chooses brand \$20			
	plus difference in cost			

¹ Prior authorization/benefit certification applies.

² In-network Providers will not charge you the difference between the covered charge and the billed charge for covered services; Out of Network Providers may charge you the difference.

 $^{^{\}mbox{\footnotesize 3}}$ Calendar year deductible and Rx copays do not apply to out of pocket max.

⁴ A 15% penalty applies if benefit certification is not obtained.

⁵ Group subscriber agreement supercedes Medical Benefits At-A-Glance chart.

Exclusions to Coverage for the Medical Plans

The following exclusions and limitations apply to both the BCBSNM and the Presbyterian Health Plan My Care medical plans. Items with a "*" may be eligible for reimbursements under the Presbyterian Health Plan Unique Services Reimbursement Program (See page 10 for a summary)

Any exclusion listed would not be applicable if Covered under FIT Program in accordance with that which is required under N.M.S.A.§ 59A-46-38.1. Refer to your Group Subscriber Agreement for details.

- · Alternative/complementary therapies, except as specified in the Group Subscriber Agreement (GSA)*
- Any service, treatment, procedure, facility, equipment, drugs, drug usage, device or supply determined to be not
 medically necessary or accepted medical practice
- Artificial aids including speech synthesis devices except items identified in the Group Subscriber Agreement (GSA)
- · Athletic trainers'
- · Autopsies and/or transportation costs for deceased Members
- Baby food (including baby formula or breast milk) or other regular grocery products that can be blenderized for oral or tube feedings
- · Benefits and services not specified as covered
- Biofeedback, except as specified in the Group Subscriber Agreement (GSA)
- Cancer Clinical Trials are limited to phase 2,3 and 4 and must be provided for in the State of New Mexico in accordance with the provisions set forth in the Group Subscriber Agreement (GSA)
- · Care for conditions which State or local law requires be treated in a public or correctional facility
- Care for military service connected disabilities to which the member is legally entitled and for which facilities are reasonably available to the member
- Charges that are determined to be unreasonable by the carrier
- · Circumcisions performed other than during the newborn's hospital stay unless medically necessary
- Clothing or other protective devices including prescribed photoprotective clothing, windshield tinting, lighting
 fixtures and/or shields, and other items or devices whether by prescription or not
- · Co-dependency treatment
- · Convenience items
- · Cosmetic surgery, treatments, devices, orthotics, and medications, including treatment of hair-loss
- · Costs for extended warranties and premiums for other insurance coverage
- · Counseling sex, pastoral/spiritual, and bereavement counseling
- Court ordered evaluation or treatment, or treatment that is a condition of parole or probation or in lieu of sentencing, such as alcohol or substance abuse programs and/or psychiatric evaluation or therapy
- Covered services obtained from a non-participating provider/practitioner, except as provided in the Group Subscriber Agreement (GSA) (Not applicable to the Presbyterian Independent option or to the services eligible for reimbursement under the Unique Services Reimbursement Program services)
- Custodial or domiciliary care including but not limited to eating, bathing, dressing or other self care activities or homemaker services.
- Dental care and dental x-rays, except as provided in the Group Subscriber Agreement (GSA)⁶
- Dental implants
- Disposable medical supplies, except when provided in a hospital or a physician's office or by a home health professional
- Donor sperm
- Exclusions related to covered durable medical equipment additional wheelchairs, duplicate items, convenience items, upgraded or deluxe items, repair or replacement due to loss, neglect, misuse, abuse, to improve appearance, for convenience or items under the manufacturer or supplier's warranty
- · Elastic support hose
- Elective abortions after the 24th week of pregnancy
- Elective Home Birth and any prenatal or postpartum services connected with an elective home birth
- Emergency facility used for non-emergent services
- Exercise equipment and videos, personal trainers, club memberships and weight reduction programs
- $\bullet \ \ Experimental/Investigational, as \ determined \ by \ the \ carriers, drugs, medicines, treatments \ or \ procedures$
- $\bullet\,$ Extracorporeal shock wave the rapy involving the musculoskeletal system
- Eye movement therapy.
- $\bullet \ \ \text{Eye refractive procedures including radial keratotomy, laser procedures, and other techniques} \\$
- Eyeglasses (Corrective) or sunglasses, frames, lens prescription, contact lenses or the fitting thereof except as provided in the Group Subscriber Agreement (GSA)*
- Foot care (routine), except as provided in the Group Subscriber Agreement (GSA) $\,$
- "Get acquainted" visits without physical assessment or diagnostic or therapeutic intervention provided
- Gloves, unless part of a wound treatment kit
 Usin less (on haldness) treatments, mediantics
- Hair-loss (or baldness) treatments, medications, supplies and devices including wigs, and special brushes
 Halfway houses
- $\bullet\,$ Hearing aids and the evaluation for the fitting of hearing aids
- Home sleep studie
- Hospice benefits are not available for the following services: food, housing and delivered meals, volunteer services, comfort items such as, but not limited to, aromatherapy, clothing, pillows, special chairs, pet therapy, fans, humidifiers, and special beds (excluding those covered under durable medical equipment benefits), homemaker and housekeeping services, private duty nursing, pastoral and spiritual counseling or bereavement counseling
- Hypnotherapy except as part of anesthesia preparation or chronic pain
- · Infant formula
- In-vitro, GIFT and ZIFT fertilization
- Lay midwife Services of a lay midwife or an unlicensed midwife
- · Malocclusion treatment, if part of routine dental care and orthodontics
- Massage therapy, unless performed by a licensed physical therapist and as part of a prescribed short-term physical therapy program
- Medical and hospital services of a donor when the recipient of an organ transplant is a not a member or when the transplant procedure is not covered
- New medications for which the determination of criteria for coverage has not yet been established by the carrier
- Nutritional supplements except as provided in the Group Subscriber Agreement (GSA)*

- · Organ transplants (Non-human), except for porcine (pig) heart valve
- · Orthodontic appliances, endodontics, dental prosthetics, crowns, bridges, and dentures'
- Orthodontic appliances and orthodontic treatment, crowns, bridges, and dentures used for the treatment of Craniomandibular and Temporomandibular Joint disorders, unless the disorder is trauma related
- Orthopedic or corrective shoes, arch supports, shoe appliances, foot orthotics, and custom fitted braces or splints
 except for patients with diabetes or other significant neuropathies
- Orthotics (functional foot), except as provided in the Group Subscriber Agreement (GSA) for patients with diabetes or other significant peripheral neuropathies
- Orthotics/orthosis (Custom Fabricated) except as specified in the Group Subscriber Agreement (GSA).
- Over-The-Counter (OTC) medications except as specified in the Group Subscriber Agreement (GSA).
- · Personal or comfort items, services or treatments
- · Photophoresis for all conditions other than mycosis fungoides
- Physical examinations, vaccinations, drugs and immunizations for the primary intent of medical research or non-medically necessary purpose(s) such as, but not limited to, licensing, certification, employment, insurance, flight, travel, passports or functional capacity examinations related to employment
- Prescription drugs received upon hospital discharge, provided by a hospital pharmacy unless a participating outpatient pharmacy is not available³
- · Prescription drugs requiring a benefit certification when benefit certification was not obtained
- Prescription drugs ordered by a non-participating provider or purchased at a non-participating pharmacy unless required due to an emergency occurring outside of the service area*
- Prescription drug, compounded medications'
- · Prescription drug replacements due to loss, theft, or destruction
- Private duty nursing
- Psychological testing when not medically necessary
- Residential treatment centers unless for the treatment of alcoholism and/or substance abuse rehabilitation
- · Reversals of voluntary sterilization male or female
- Services for which the member is eligible under any governmental program (except Medicaid), or services for which, in the absence of any health service plan or insurance plan, no charge would be made to the member or dependent
- Services requiring benefits certification when benefit certification was not obtained
- · Sex transformation surgery and drugs relating to sex transformation
- Sexual dysfunction treatment, including medication, counseling, and clinics, except for penile prosthesis as provided in the Group Subscriber Agreement (GSA)
- Special education, school testing or evaluations, counseling, therapy or care for learning deficiencies or disciplinary problems. This applies whether or not associated with manifest mental illness or other disturbances Except as provided for under the Family, Infant and Toddler (FIT) Program. Refer to the Group Subscriber Agreement (GSA) for more information
- Special medical foods, except as listed as covered in the Group Subscriber Agreement (GSA) for Genetic Inborn Errors of Metabolism
- Storage or banking of sperm, ova (human eggs), embryos, zygotes, or other human tissue
- "Telephone visits and electronic mail (E-mail)" by a Physician or "environmental intervention" or "consultation" by telephone for which a charge is made to the patient
- · Transportation costs for deceased members
- Travel and lodging expense, except as provided in the Group Subscriber Agreement (GSA)
- Vision care (routine) and eye refractions for determining prescriptions for corrective lenses, except as listed as covered in the Group Subscriber Agreement (GSA)*
- Visual training
- · Vocational rehabilitation services and long-term rehabilitation services
- Weight reduction or control treatments, except for medically necessary treatment for morbid obesity*
- Work-related accidents or injuries or occupational illness or disease if the member is required to be covered under workers' compensation insurance, whether or not such coverage actually exists

The following is also not covered by the BCBSNM plan:

- Repair or replacement of durable medical equipment, orthotic appliances and prosthetic devices due to normal wear, loss or damage.
- Private hospital rooms and/or private duty nursing except as provided in the Home Health Services as noted in the Group Service Agreement (GSA)
- The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Surgical treatment of varicose veins; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Healthplan Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease.

The following is also not covered by the Presbyterian Health Plan My Care plan:

 Independent option - The following services are not covered on the out-of-network option: Organ transplants, infertility services, cardiac and pulmonary rehabilitation, covered mediations, prescription drugs, specialty pharmaceuticals and special medical foods.

The above is only a summary, some benefits may have further limitations or exclusions. For a more complete description please refer to each plan's member certificate, schedule of benefits or group subscriber agreement.